

(A)

PLEASE ACKNOWLEDGE CLAIM

United States Bankruptcy Court District of <u>Delaware</u> Division _____		PROOF OF CLAIM <u>4/1/03</u> <u>Chapter 11</u>	
In re (Name of Debtor) <u>Fleming Commerce</u>		Case Number <u>03-10945</u>	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 USC § 503			
Name of Creditor (The person or entity to whom the debtor owes money or property) <u>#3064</u> <u>The Des Moines Register</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and Addresses Where Notices Should be Sent <u>c/o Szabo Associates, Inc</u> <u>3355 Lenox Road, 9th Floor</u> <u>Atlanta, Georgia 30326</u> Telephone No <u>404/266-2464</u>		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>305554-01</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____ <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages salaries and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)			
2 DATE DEBT WAS INCURRED <u>3/16/03</u>		3 IF COURT JUDGMENT DATE OBTAINED _____	
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>796.20</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of claim <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Wages salaries or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier—11 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 USC § 507(a)(4) <input type="checkbox"/> Up to \$1800 of deposits toward purchase lease or rental of property or services for personal family or household use—11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child—11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 USC § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 USC § 507(a) _____ Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>796.20</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority)		\$ <u>796.20</u> (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges			
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor		THIS SPACE IS FOR COURT USE ONLY	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary			
8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
Date <u>8/4/03</u>		Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <u>Szabo Associates, Inc, Agent</u> By <u>Marilyn Zimmerman Agent</u> <u>Marilyn Zimmerman</u>	

REC'D AUG 19 2003

FILED
AUG 19 2003
FLEMING

Fleming Companies Claim



Full of Life

The Des Moines Register
DesMoinesRegister.com

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BILLING INQUIRIES
DISPLAY (515) 284-8240
CLASSIFIED (515) 284-8294
FAX (515) 284-8558
E-Mail: cgage@dmreg.com

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20534401060103000796203

FLEMING CONVENIENCE
1035 NATHAN LN N
PLYMOUTH MN 55441-5002

CUSTOMER NO		INVOICE NO	
205344-01		0000868412	
DUE DATE		AMOUNT DUE	
06/16/03		796 20	
FOR THE PERIOD		THRU	
05/05/03		06/01/03	

DUPLICATE STATEMENT-ISSUED 07/17/03

DATE	EDT	CLA	DESCRIPTION	COL	DEPTH	TIMES	SIZE	RATE	AMOUNT
0601			BALANCE FORWARD						784.60
			FINANCE CHARGE						11 60
			CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL DUE	
			11.60	11 60	773 00	00	.00	796 20	
CONTRACT TYPE	CONTRACT QUANTITY	EXPIRATION DATE	CURRENT USAGE	TOTAL USED	QUANTITY REMAINING	SALESPERSON			
						FILTER			

Customer Number	Customer Name	Invoice Number
205344-01	FLEMING CONVENIENCE	0000868412

06/16/03